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CONFIRMATION NO. 4717

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/628,266	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 2123-Utl
<b>APPLICANTS</b> Arthur Croft, Spring Valley, CA; Michael Haneline, El Cajon, CA; <b>** CONTINUING DATA *****</b> This appl'n claims benefit of 60/400,125 08/02/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/29/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 12
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> TOM HAMILL 2776 S. ARLINGTON MILL DRIVE SUITE 801 ARLINGTON, VA 22206				
<b>TITLE</b> Self actuated cervical (neck) traction device				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	